

Medicare Plan Finder Intake Form

To troubleshoot any potential plan finder problems, we need to collect the following information. Required fields are shaded below and also indicated by an asterisk (*). If you have an inquiry about specific plans or pricing, please provide complete all fields on this form.

| | | | |
|------------|--|--|---|
| 1. | Date of reported problem:* | 2. | Time of reported problem:* |
| 3. | Has the problem been replicated?* If so, when?* | | |
| 4. | Which search did you use?* | <input type="checkbox"/> <i>General Search</i> | <input type="checkbox"/> <i>Personalized Search</i> |
| 5. | Zip Code: <input style="width: 100px;" type="text"/> | County (if plan covers more than one) <input style="width: 200px;" type="text"/> | |
| 6. | At which step are you reporting a problem?* | | |
| | <input type="radio"/> <i>Enter Information Page</i> | | |
| | <input type="radio"/> <i>Enter Your Drugs Page</i> | | |
| | <input type="radio"/> <i>Select Your Pharmacies Page</i> | | |
| | <input type="radio"/> <i>Refine Your Results Page</i> | | |
| | <input type="radio"/> <i>Your Plan Results Page</i> | | |
| | <input type="radio"/> <i>Your Plan Comparison Page (Overview, Plan Benefit, Drug Costs and Coverage, or Plan Ratings?)</i> | | |
| | <input type="radio"/> <i>Your Plan Details Page (Overview, Plan Benefit, Drug Costs and Coverage, or Plan Ratings?)</i> | | |
| 7. | Subsidy Level:* | | |
| | <input type="radio"/> <i>Full Benefit Dual Eligible (Medicare & Medicaid)</i> | | |
| | <i>Extra Help</i> -I pay the following percentage for my monthly prescription drug plan premium: | | |
| | <input type="radio"/> 0% | <input type="radio"/> 25% | <input type="radio"/> 50% <input type="radio"/> 75% |
| | <input type="radio"/> <i>Not Applicable</i> | | |
| 8. | Drug List ID: <input style="width: 150px;" type="text"/> | | |
| 9. | Password date: <input style="width: 150px;" type="text"/> | | |
| 10. | Name, dosage and quantities of the drug(s) in question: | | |
| | Drug Name | Dosage | Drug Quantity |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 11. | Provide Plan Name(s) or Contract ID(s) and Plan ID(s) (format:S1234-001 or H1234-001): | | |
| | Plan Name(s) | Contract ID(s) | Plan ID(s) |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 12. | Web page(s) title:* | | |
| 13. | Server Number (located in the navy blue Medicare banner at the bottom right corner of the page): | | |
| 14. | Provide detailed description of the problem:* | | |
| | | | |